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CHRONICLE OF THE WORLD HEALTH ORGANIZATION

Fellowship Programme, 1947
Expert Advice on Child Nutrition

WORLD HEALTH ORGANIZATION
INTERIM COMMISSION

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Note by the Editor. — The *WHO Chronicle* is published at the end of each month in English, French, Spanish and Russian. A Chinese edition is being prepared at the present time. The *Chronicle* is intended to summarize some of the activities of the Organization, without however claiming to be an authoritative record of the official views of the Interim Commission, which are set out in the *Official Records of the WHO*. All correspondence relating to it should be addressed to the Geneva Office. Those who may wish to reproduce the text of this publication or extracts therefrom, more especially in the Medical Press, are entirely at liberty to do so.

CHRONICLE OF THE WORLD HEALTH ORGANIZATION

VOL. II, No. 1 **January 1948**

Editorial

At a time when the interim phase of the WHO is drawing to a close, the *Chronicle* is entering upon the second year of its existence. The year 1948 should form a landmark in the annals of international medicine. It will witness the first session of the World Health Assembly, from which will emerge the definitive establishment of the WHO as the highest international authority in the field of public health.

The subjects dealt with in the first volume of the *Chronicle* are evidence that the activities of the WHO—even in its Interim Commission period—have been widespread. But, by the terms of its Constitution, the WHO is concerned with virtually the whole field of medicine and public health. Its scope extends from the international control of communicable diseases to biological standardization, from mental hygiene to the unification of pharmacopœias, from housing to the world supply of insulin. Activities of this widespread and complex nature are the concern not only of Governments and public health administrations but also of practitioners and research workers in many branches of medicine. It is to such members of the medical and scientific professions throughout the world that the *Chronicle* is principally addressed. They constitute the informed public opinion without whose support the work of any international health organization might fail.

The chief purpose of the *Chronicle*, therefore, is to keep such people regularly informed of the current activities of the World Health Organization, to provide a continuous record of the views and recommendations of its governing body and of its expert com-

mittees, and, through the medical profession, to bridge the gap between the Organization and those millions of taxpayers who ultimately supply the funds. But even with editions in five languages, the *Chronicle* can never expect to reach more than a small proportion of such a large public. Wider dissemination of information on the activities of the WHO depends upon the Medical Press in the various countries, and in this connexion it is encouraging that a number of medical periodicals have already availed themselves of the general invitation to use material from the *Chronicle* in their columns.

In order to make the *Chronicle* faithfully reflect the WHO and at the same time to bring readers more closely into contact with its work, it is hoped to introduce fresh features from time to time. The first of these—Reports from WHO Fellows—appears in this issue. Suggestions and comments on the *Chronicle*—its contents, presentation, number of pages, etc.—will be welcomed ; they are essential to that close contact which is so desirable between the publication and its readers throughout the world.

Fellowship Programme, 1947

The background to the fellowship programme of the Interim Commission of WHO has already been outlined in an earlier number of the *Chronicle*. [1] A report on its operation during 1947 shows that, of the 276 applications received, 203 were favourably considered, while 57 are still under consideration. During the year, 23 Fellows completed their courses of study.

With the exception of Byelorussia and the Ukraine, all former UNRRA-aided countries which applied for medical fellowships have now submitted specific proposals. In most of the countries the programme has been completed, with the exception of placing those Fellows whose names were submitted in the latter part of the year or whose placing met with some difficulty. Contact was made with the United Nations Social Affairs Department, with UNESCO and with various relief funds and foundations so as to satisfy more thoroughly the needs of the countries for the exchange of personnel as well as to avoid overlapping.

In the field, with the exception of minor difficulties such as delay in obtaining visas, unfavourable rates of exchange and transport disturbances, the work has proceeded smoothly. The personal contact made with the Fellows whenever they came to the Geneva or New York Offices showed that the fellowships were encouraging a true spirit of international understanding and co-operation. Their letters and reports have been characterized by an eager search for information, by constructive criticism and by true appreciation for the opportunity provided by the award. Some of the reports have been so interesting that it is proposed to publish, from time to time, selections in the *Chronicle*. [2]

The tables which follow give a numerical picture of the number of Fellows, their country of origin, the country in which they are studying and their particular fields of study.

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[1] See *WHO Chronicle*, 1947, 1, 114.

[2] See page 9.

Table I. — Number of Fellows by Countries of Origin
as at 31 December 1947.

Country of origin	Number of applications	Applications cancelled or withdrawn	Applications still under consideration	Number of awards	Fellows at present studying	Fellowships completed
Austria	13	2	2	9	4	2
China [1]	65	—	16	49	41	2
Czechoslovakia	38	—	3	35	21	5
Finland	10	—	1	9	7	1
Greece	4	—	1	3	2	1
Hungary	5	—	5	—	—	—
Italy	10	—	5	4	2	—
Korea, Northern	2	—	—	2	—	—
Korea, Southern	2	—	—	2	2	—
Philippines	12	9	—	3	—	—
Poland	70	5	14	51	32	4
Yugoslavia	45	—	9	36	21	8
Totals	276	16	57	203	132	23

[1] A sum of 146,000 U.S.A. dollars was transferred from the Mission operations budget in December, which will make available approximately 40 additional fellowships.

Table II. — Number of Fellows by Countries of Study
as at 31 December 1947.

Country of study	Number of applications received	Cases agreed by WHO	Now studying in country of choice	Fellowships completed
Belgium	3	3	—	3
Canada	5	2	2	—
Czechoslovakia	6	4	3	3
Denmark	13	10	4	4
Eire	1	1	1	—
Finland	1	1	1	—
France	18	11	4	4
Hungary	1	1	—	—
Luxemburg	1	1	—	1
Netherlands	4	4	1	1
Poland	1	1	—	1
Sweden	19	12	8	5
Switzerland	38	26	9	10
U.S.S.R.	12	4	1	—
United Kingdom	38	22	22	11
United States	104 from Europe	63	63	3
	67 from Far East	67	43	2
Totals	333	233	162	49

Note: The figures are higher than in Table I, as some Fellows are studying in more than one country.

Table III. — Fellowships in Europe by Fields of Study
as at 31 December 1947.

Field of study	Number of Fellows	Field of study	Number of Fellows
Public health administration	20	Anæsthesia	3
Pædiatrics	12	Pathology	3
Cancerology (radiology)	12	Hæmatology	3
Psychiatry (mental hygiene, child guidance)	11	Dentistry (dental surgery, maxillo-facial surgery)	3
Microbiology	10	Endocrinology	3
Internal medicine	9	Nutrition	3
Biochemistry	7	Oto-laryngology	3
Thoracic surgery	7	Pharmacology	3
Cardiology	7	Legal medicine	3
Dermatology and venereology	7	Orthopædic surgery	2
Tuberculosis	6	Epidemiology	2
Neurology	5	Hospital administration	2
Surgery	5	Neuro-surgery	2
Urology	4	Public health nursing	2
Immunology	4	Experimental pathology	2
Vital statistics	4	Industrial hygiene	2
Ophthalmology	3	Miscellaneous	11
Allergy	3	Total	188

Note : Some Fellows are studying in more than one field.

Expert Advice on Child Nutrition

The Report [1] of a Joint FAO-WHO Committee on Child Nutrition will soon be available in printed form in English, French, Spanish, Russian and Chinese. [2]

The Committee, composed of doctors and nutrition experts with great experience in the problems of child nutrition and knowledge of the urgent needs of children and mothers in many parts of the world, was specifically asked by the United Nations International Children's Emergency Fund (ICEF) to give attention to the following points :

1. The basic principles of nutrition in planning the purchase and distribution of foodstuffs and in the development of feeding programmes for pregnant women and nursing-mothers, infants, and pre-school children, children of school age and adolescents.
2. The use of dried whole milk, dried skim milk and cheese in the Fund's operations, and the relative cost of equivalent nutrients in those various forms of milk and milk products.
3. The value, in the Fund's operations, of the provision of vitamin-containing foods, such as cod-liver oil and milk, as compared with that of the provision of vitamins in the form of concentrates or multi-vitamin and mineral preparations alone.
4. Recommendations about meals for pre-school children (as well as meals for children of school age).
5. The relative value of a hot cooked meal in contrast to a cold meal like the " Oslo Breakfast ".

The Committee [3], the first to be convened jointly by the FAO and WHO, met from 23-26 July in Washington, and in its report

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[1] Doc. WHO.IC/98, 20 August 1947.

[2] In booklet form issued by the ICEF, at 1334 Connecticut Avenue, N.W. Washington, D.C.

[3] The Committee comprised the following members :

Dr. CHEN, Professor of Pediatrics, National Medical College of Shanghai, China ; Dr. C. CHOREMIS, Professor of Pediatrics and Director, Pediatric Clinic, University of Athens, Greece ; Dr. G. FRONTALI, Professor of Pediatrics and Director of Pediatric Clinic, University of Rome, Italy ; Dr. F. GROER, Professor of Pediatrics,

[*Continued on following page.*

reviewed general conditions of children in war-stricken countries of Europe and in China. Evidence was presented that the lack of proper food, especially an insufficient supply of clean milk for pregnant and nursing women and for infants, is one of the most important causes of a high death rate in many parts of the world.

Although the main task of the Committee was to consider the problem of undernourished babies and children, the experts found it necessary to deal at length with the problem of the nutrition of pregnant and nursing women from the point of view of the relation of maternal nutrition to the nutrition of the infant, from that of a selection of foods to meet the nutritive requirements of pregnant and lactating women (need of calories, protein, minerals and vitamins) and from that of the importance of breast-feeding.

The nutrition of infants, children between infancy and school-age and adolescents was studied in relation to their need of calories, protein, minerals and vitamins. The result of this study is to be found in a number of recommendations which cannot be given here in full, but which may be thus summarized:

(a) The evidence before the Committee showed that pregnant women, nursing-mothers, and children of all ages are in need of supplementary feeding in the countries with which the ICEF is likely to be concerned.

(b) Feeding programmes should aim, except in the case of infants, at supplying about a third of the minimum calorie recommendations stated in the Appendix to the Report.

University of Cracow, Poland; Dr. E. GORTER, *Chairman*, Professor of Pediatrics, Children's Hospital, University of Leiden, Netherlands; Miss M. HESELTINE, Nutritionist, Children's Bureau Federal Security Agency, Washington, D.C., U.S.A.; Dr. E. KERPEL-FRONIUS, Professor of Pediatrics, Children's Clinic, University of Pecs, Hungary; Dr. F. LEYVA, Associate staff of Children's Hospital, Washington, D.C., U.S.A., Member of Cuban Medical Federation, Havana Medical College, late Fellow on Pediatrics, American Academy of Pediatrics; Dr. J. F. MALIBEAU, Public Health Counsellor, French Embassy, Washington, D.C., U.S.A.; Dr. R. MCCANCE, Professor of Experimental Medicine, Cambridge University, England; Dr. A. P. MEIKLEJOHN, lately Senior Consultant in Nutrition, European Regional Office, UNRRA; Dr. A. RIPKOVA, Chief Division Counsellor, Division of Preventive Medicine for Children, Ministry of Health, Prague, Czechoslovakia; Dr. W. H. SEBRELL, Medical Director, U.S. Public Health Service, Chief, Division of Physiology, National Institute of Health, Bethesda, Maryland, U.S.A.; Dr. A. SUNDAL, Chief Medical Officer of Schools, Aker, Norway; Dr. F. F. TISDALL, Director of Research Laboratories, Department of Pediatrics, University of Toronto and the Hospital for Sick Children, Toronto, Canada; Dr. W. R. AYKROYD, Director Division, FAO, Representing FAO; Dr. F. G. BOUDREAU, ex-Director Milbank Memorial Fund, N.Y., Chairman Food and Nutrition Board, U.S. National Research Council, Washington, D.C., U.S.A., representing WHO.IC.

(c) Attempts should be made to provide one litre of milk daily for all pregnant women and nursing-mothers. The provision of smaller quantities than 600 cc. may seriously affect the weight and health of infants.

(d) Dried *whole* milk should be provided for babies under 1 year of age, who are in need of milk. Babies above this age who are below 8 kg. in weight should also be supplied with dried whole milk. Infants should be given at least 400-500 international units of vitamin D and 3,000 international units of vitamin A daily, and this should be continued up to the age of 2 years. From 3 to 5 gr. of cod-liver oil will supply approximately these amounts.

(e) The main supplement provided by ICEF to children between infancy and school-age—a most important group neglected in many countries—should consist of dried *skim* milk ; some fat is also desirable. The total supplement of milk recommended was 600 cc. Pre-school children should be given 5 g. of cod-liver oil daily. A hot meal (including milk supplement) during the day is highly desirable.

(f) For children of school-age the main supplement should be milk, of which 400 cc. daily should, if possible, be supplied by ICEF as reconstituted skim milk. Another 200 cc. should be provided from local sources wherever this is possible. Additional calories may be supplied in the form of margarine, fortified by vitamins A and D and by other fats and oil, including lard. Meat or fish would be a most desirable supplement for this age-group.

REPORTS FROM WHO FELLOWS

Many of the letters and reports received from WHO Fellows have been of such interest that they deserve to be read by a wider public. They demonstrate more vividly than a series of facts and figures both the character of the fellowship programme and the response of the Fellows themselves. Selections from these reports will therefore be published from time to time, but it must be emphasized that the opinions expressed are those of the Fellows.

* * *

ENDOCRINOLOGY IN 'ENGLAND:
Some Impressions of a Yugoslav Fellow

Dr. Vuk Vrhovac is the Director of the Institute of Clinical Endocrinology of the University of Zagreb, Yugoslavia. He organized the first diabetic clinic and the first centre for the manufacture of insulin in Yugoslavia. He has recently spent four months on a study tour as a WHO.IC Fellow, visiting important centres of research in Sweden, the Netherlands, Denmark, England, and Switzerland.

Coming from a country which had been, during the war, practically cut off from the rest of the world, the first thing I had to do was to study the literature which had appeared during this period. I was surprised to find how many important contributions in the field of endocrinology had been made during the war in England, which had suffered so much and where conditions for research have been certainly far from satisfactory. The new periodical *Journal of Endocrinology* has made it possible for English endocrinologists to publish their papers without waiting for space in American journals. An Endocrinological Society, concerned principally with experimental endocrinology, has been founded. For clinical endocrinology there is a Section of Endocrinology of the Royal Society of Medicine. I attended very interesting monthly meetings of both these societies and found a profound interest in the medical profession in London in this new branch of medicine.

Endocrinology in England is represented by a considerable number of research workers interested in the different fields of both theoretical and clinical endocrinology, but there does not seem to be an organization or special institution where endocrinology as an entity is studied. This is a disadvantage which makes effective collaboration difficult. Nor does the

personal contact between individual research workers interested in endocrinology seem very satisfactory. The experimental work is published in the *Journal*, but there are only a few examples of organized collaboration between experimental and clinical workers, perhaps the best being that of Professors H. P. Himsworth and F. G. Young in University College Hospital, or, on the purely clinical side, that of Dr. P. M. F. Bishop and Dr. G. I. M. Swyer, who are working in different hospitals on exactly the same principles. The lack of a special clinical ward in any hospital or medical school, where it would be possible to present endocrinology as an entity, is a very marked disadvantage. The only place where a co-ordination of different experiences in clinical endocrinology is possible is the Section of Endocrinology of the Royal Society of Medicine, where the most interesting cases from different hospitals are shown and discussed.

During my eight-weeks stay in London I had splendid opportunities of visiting all the prominent research workers in this field and of discussing with them the main theoretical and clinical problems. At the National Institute for Medical Research, I was very much impressed by the interesting work of C. R. Harington done during the war on the iodination of proteins, a rare example of the practical value of research in endocrinology to a nation's economy. The most prominent research worker in endocrinology is Dr. A. S. Parkes, who has made valuable contributions particularly in the elucidation of adreno-genital interrelations.

At the Courtauld Institute of Biochemistry of the Middlesex Hospital, I met not only Professor E. C. Dodds, but also a number of his collaborators, a team working on synthetic œstrogens, whose work and its clinical application have opened up fresh fields in endocrinology. In University College Hospital, where I was very kindly received and introduced by Professor Himsworth, I visited the Professor of Biochemistry, F. G. Young, who is working on the separation of different anterior pituitary principles and is particularly interested in diabetogenic actions of crude pituitary preparations. His experimental work on the permanent diabetic condition produced by pituitary extracts has definitely established the existence of diabetes of pituitary origin, probably in human beings also.

In clinical endocrinology, I found that in London endocrinology is still divided into that belonging to gynæcology and that to internal medicine. Dr. Bishop is in charge of an Endocrine Clinic at Guy's Hospital, where he has introduced all modern methods of gynæcological endocrinology. If he had a ward it might become the nucleus of a centre for clinical endocrinology in London. Dr. Bishop's most interesting work perhaps is at the Fertility Clinic at the Chelsea Hospital for Women. I should like to emphasize particularly the work of Dr. Swyer at the Obstetric Department of University College Hospital. He came from the National Institute for Medical Research, with a sound laboratory background, and has introduced many new methods of laboratory examination which are so important in modern endocrinology. He is working on improved methods of pregnandiol estimations, conducting an excellent Fertility and Endocrine Clinic and collaborating with Dr. Bishop. His example is a sign of new spirit introduced by the existence of endocrinology as a separate entity in medicine.

An example of a well-conducted Thyroid Clinic is to be seen at University College Hospital. Conducted by a very careful clinician, Dr. W. R. Trotter, this clinic is a model for the treatment of thyrotoxicosis with new remedies, such as methylthiouracil. I saw over 300 patients treated in the last three to four years by this method. The best-conducted Diabetic Clinic in London is probably that of Dr. R. D. Lawrence at King's College Hospital. I was able to see there a large number of patients and I was very glad to find that the methods of diabetic treatment in my Diabetic Clinic in Zagreb follow the same lines as those of Dr. Lawrence. He was very glad, too, to confirm the same views in regard to modern diabetic treatment.

As an endocrinologist, I was particularly glad to see the growing importance of this subject, but it seems to me that in England a closer collaboration between experimental and clinical work is urgently needed. Research has made some remarkable achievements, but the teaching is not united and should, I think, be completed by the introduction of endocrinology as an entity in pre-clinical and clinical instruction.

The chief advantages of my visit to London were the opportunities afforded of studying the new endocrinological advances both in the literature and in practice. In particular, I was greatly interested in the diagnosis of gynæcological disorders due to endocrine imbalance, especially the evaluation and treatment of cases of infertility. The clinical application of small doses of thiouracil in the treatment of thyrotoxicosis, and the methods of implanting different hormone pellets and synthetic œstrogens both enriched my experience. It will be possible to introduce many of these new advances into the routine work of my Institute for Clinical Endocrinology in Zagreb, and I hope particularly to set up a Fertility Clinic, of great importance from a social point of view. The treatment of certain endocrine disorders with implants of pellets will not be so easy, as these products are very expensive at the moment and are not available in Yugoslavia.

WHO PUBLICATIONS

BULLETIN OF THE WHO, Vol. 1, No. 1.

The first number of the *Bulletin of the World Health Organization* has recently appeared. Its title designedly recalls that of its two predecessors, the *Bulletin mensuel de l'Office international d'Hygiène publique* and the *Bulletin of the League of Nations Health Organization*, which for many years diffused throughout the world the results of international co-operation in the field of public health. The *Bulletin of the World Health Organization* is intended to reflect all the scientific activities of the new agency. It will bring to the knowledge of Governments, health administrations, practitioners, public-health specialists and research workers all over the world, the communications submitted by the representatives of the Member States, reports from the Expert Committees and original articles by experts and specialists attached to the organization, but this is only a broad, general outline which must and will in no way predetermine the final character of the *Bulletin*.

The contents of Volume I, No. 1, include the report of the Expert Committee on Biological Standardization [1], an extract from the Report of the Expert Committee on Malaria [2], a series of notes on the immunity reactions following vaccination against smallpox, submitted by the representatives from the United Kingdom and from France, a memorandum on post-vaccinal encephalitis together with observations submitted by the representatives from the United Kingdom and the Netherlands [3], a note on the estimation of rodent infestation by Dr. M. T. Morgan, two epidemiological studies on the epidemic of relapsing fever in North Africa, and a report on the antimalaria campaign in Greece by Dr. M. J. Vine. [4] The greater part of the number is devoted to a report by Dr. J. B. McDougall on the activities of the UNRRA tuberculosis section in Greece. This report has already been reviewed in the *Chronicle*. [5]

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[1] *WHO Chronicle*, 1947, 1, 103.
[2] *Ibid.*, 101.
[3] *Ibid.*, 80 ; 131.
[4] *Ibid.*, 182.
[5] *Ibid.*, 184.

NOTES AND NEWS

Prevention of Crime

Dr. M. S. Guttmacher, Chief Medical Officer, Medical Service of the Supreme Bench of Baltimore City Court House, has been appointed psychiatric consultant to the Interim Commission of the WHO. Dr. Guttmacher's main task will consist in participating in a special study of the Prevention of Crime and the Treatment of Offenders which is now being undertaken by the Social Commission of the United Nations. Such a study was started by the League of Nations but never completed. Among the problems Dr. Guttmacher will study are: heredity as a factor in the causation of crime; prevention of crime by giving attention to early social adaptation of children; medical and psychiatric factors in the genesis of early criminal careers; medical and psychiatric methods for the treatment of juvenile and adolescent offenders; and medical and psychiatric care for the treatment of adults in confinement.

WHO Representation

During the period between 20 December 1947 and 20 January 1948, the Interim Commission was represented by observers who attended or took part in the meetings of the following organizations:

Sub-Committee of the Advisory Committee on Resettlement of Specialists, Geneva, 7 January.

Commission on the Status of Women, Lake Success, 8 January.

Second Session of the Advisory Committee on Resettlement of Specialists, Geneva, 12 January.

Sub-Commission of the Freedom of Information and the Press, Lake Success, 19 January.

Forthcoming Meetings

The Expert Committee on Tuberculosis will meet in Geneva, Palais des Nations, on 12 January 1948. The Committee outlined at its first meeting held in Paris in July-August a plan for combating tuberculosis on an international scale. The recommendations of the experts are now under the consideration of the Interim Commission. The task of the Expert Committee at its next session will be to discuss the decisions arrived at by the Interim Commission.

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The Expert Committee on Biological Standardization will meet some time in March. The precise place and date of the meeting will be announced later.

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The Expert Committee on International Epidemic Control will meet in Geneva, Palais des Nations, some time in March or April. The precise date will be announced later.

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The Expert Committee on Malaria will meet in Washington, D.C., some time in May 1948. The precise place and date of the meeting will be announced later.

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